24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NRCC	C C00075820
	C 00073020
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
FP1 STRATEGIES LLC	08 18 2015
Mailing Address PO BOX 16504	Amount
City State Zip Code	8000.00
ALEXANDRIA VA 22302	Transaction ID : SE24-0.046903 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 02
BRAD ASHFORD Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary
Full Name of Payee FP1 STRATEGIES LLC	Date of Public Distribution/Dissemination
TTT GTTWTE GIEG EEG	08 18 2015
Mailing Address PO BOX 16504	Amount
City State Zip Code	8500.00
ALEXANDRIA VA 22302	Transaction ID : SE24-0.046905 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	08 17 2015
Name of Federal Candidate Support Office	e Sought: X House District: 02
BRAD ASHFORD Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	16500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	8 20 2015
Signature	